

# First Health Services of Montana Provider Manual

## OUTPATIENT THERAPY SERVICES

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### **OUTPATIENT THERAPY SERVICES CLINICAL MANAGEMENT GUIDELINES**

First Health Services of Montana will employ the use of the Montana Medicaid and Montana Mental Health Services Plan (MHSP) Clinical Management Guidelines strictly as guidelines. This practical application, coupled with professional judgement based on clinical expertise and national best practices, will enhance the authorization decisions.

Outpatient Therapy Services represent community based treatment that include CPT codes: 90804, 90806, 90808, 90810, 90812, 90814, 90846, 90847, 90849, 90853, and 90857. Outpatient Therapy Services must be provided by individuals who are licensed by the State of Montana.

This level of treatment intervention includes a consideration of the person's safety and security needs. This includes the ability and likelihood of the person to benefit from outpatient treatment.

Recipient may receive up to twenty-four (24) outpatient sessions per fiscal year (July 1 – June 30) without prior authorization. If it has been determined that the recipient would benefit from additional sessions, the licensed mental health professional or agency must seek prior authorization from First Health Services of Montana prior to receiving additional sessions.

#### **Admission Criteria**

Must meet each of the following:

1. A covered DSM-IV TR diagnosis has been determined through a comprehensive mental health assessment that includes a multi-axial diagnosis on Axes I-V and identifies:
  - a. recipient, family, and community strengths/resources
  - b. a comprehensive evaluation of the recipient's developmental milestones and course
  - c. family dynamics
  - d. past and current school, work, social roles, ability to interact socially
  - e. past and current substance abuse
  - f. past and current legal involvement
  - g. summary of all prior psychiatric hospitalizations, residential program admissions, intensive ambulatory mental health services
  - h. medication trials
  - i. other mental health/psychosocial interventions including an assessment of their degree of success/failure
2. Recipient's symptoms, due to a DSM IV-TR psychiatric disorder, with significant distress or a reduced level of functioning and/or impairment of developmental progression is documented in one or more of the following areas:

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- a. Education;
  - b. Vocation;
  - c. Family and/or
  - d. Social/peer interactions
  - e. Managing/providing/maintaining one's own health or safety
3. Current symptoms do not meet criteria for a more intensive level of treatment.
  4. The recipient has demonstrated intent to form a treatment alliance and comply with mutually agreed upon treatment recommendations.
  5. An Individualized Treatment Plan (ITP) has been formulated on admission that identifies specific, realistically achievable goals and measurable objectives that are directed toward the alleviation of the symptoms and/or causes that led to the admission. The recipient's response to treatment has been regularly documented and revisions in the ITP are consistent with the recipient's clinical status.
  6. Progress toward treatment goals has occurred as evidenced by measurable reduction of symptoms and/or behaviors that indicate continued responsiveness to treatment.
  7. A discharge plan has been formulated and regularly reviewed and revised. It identifies specific target dates for achieving specific goals, and defines criteria for conclusion of treatment.

### **Continued Stay** (Must meet all of the following)

1. The recipient must continue to meet all of the Admission Criteria. In addition, all of the following criteria must be met:
2. Demonstrated progress by the recipient and family, when appropriate, toward identified treatment goals and the reasonable likelihood of continued progress and
3. The recipient's symptoms do not require a more intensive level of care and
4. Demonstrated and documented progress is being made on the comprehensive discharge plan. The treatment provider provides clinical rationale for any recommended changes in the discharge plan or anticipated discharge date.

### **Discharge Criteria**

1. The Individual Treatment Plan goals have been sufficiently met such that the recipient no longer requires this level of care (or)
2. The recipient voluntarily leaves treatment or the beneficiary's parent or legal guardian removes them from the program (or)
3. Recipient no longer meets Medicaid or MHSP eligibility.